

be entertained, but makes no difference in terms of what the Asylum meant. Their "delusional" status, especially in those cases where it is relatively obvious, does not preclude their being the premises of working arguments which, despite the examiners' invocation of such concepts as "fabric of delusion," all too often tended to be ignored. My approach here is to consider patients' and inmates' statements not as truth or fiction but as arguments, the validity of which -- as any rhetorician knows -- is unaffected by their truthfulness. It is a thesis of this study that the writings of the authorities themselves suffer from a similar dichotomy between an obvious self-referentiality and an equally obvious (if not overwhelming) referent. It is more than ironic, it is a human disaster, that so much of the voluminous information produced by the closer clinical methods of the early 20th century flowed straight into the files along the old parallel channels, without intersecting, least of all in a reader's mind. Whatever clinical approaches were served by ignoring it, there is a rhetorical argument in many of these files or rather "cases," one which sheds light on the individual's predicament sometimes sufficient to dispel madness entirely. It deserves to be made, or rather we deserve to make it, since there is nothing which we can do for these patients now but benefit from their experiences ourselves, and since many of these writers -- whatever else they wanted -- wanted to be read.